

Fill in this information to identify your case:

Debtor 1	VERONICA ANN JACKSON	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: Southern District of Mississippi		
Case number (If known)	25-50122-KMS	

Official Form 427

Cover Sheet for Reaffirmation Agreement

12/15

Anyone who is a party to a reaffirmation agreement may fill out and file this form. Fill it out completely, attach it to the reaffirmation agreement, and file the documents within the time set under Bankruptcy Rule 4008.

Part 1: Explain the Repayment Terms of the Reaffirmation Agreement

1. Who is the creditor?	CenturyFirst Federal Credit Union Name of the creditor		
2. How much is the debt?	On the date that the bankruptcy case is filed \$ 651.30 To be paid under the reaffirmation agreement \$ 651.30 \$ 70.00 per month for 11 months (if fixed interest rate)		
3. What is the Annual Percentage Rate (APR) of interest? (See Bankruptcy Code § 524(k)(3)(E).)	Before the bankruptcy case was filed	14.75 %	
	Under the reaffirmation agreement	14.75 % <input checked="" type="checkbox"/> Fixed rate <input type="checkbox"/> Adjustable rate	
4. Does collateral secure the debt?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe the collateral. SIGNATURE LOAN Current market value \$ _____		
5. Does the creditor assert that the debt is nondischargeable?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach an explanation of the nature of the debt and the basis for contending that the debt is nondischargeable.		
6. Using information from Schedule I: Your Income (Official Form 106I) and Schedule J: Your Expenses (Official Form 106J), fill in the amounts.	Income and expenses reported on Schedules I and J		Income and expenses stated on the reaffirmation agreement
	6a. Combined monthly income from line 12 of Schedule I	\$ 1,816.89	6e. Monthly income from all sources after payroll deductions \$ 1,816.89
	6b. Monthly expenses from line 22c of Schedule J	\$ 1,816.00	6f. Monthly expenses \$ 1,816.00
	6c. Monthly payments on all reaffirmed debts not listed on Schedule J	\$ 0.00	6g. Monthly payments on all reaffirmed debts not included in monthly expenses \$ 0.00
	6d. Scheduled net monthly income	\$ 0.89	6h. Present net monthly income \$ 0.89
	Subtract lines 6b and 6c from 6a.		Subtract lines 6f and 6g from 6e.
	If the total is less than 0, put the number in brackets.		If the total is less than 0, put the number in brackets.

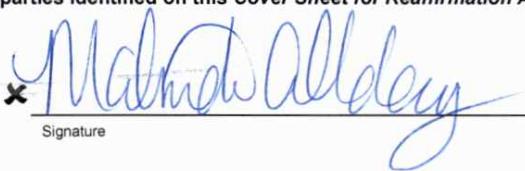
Debtor 1 **Veronica Ann Jackson**
 First Name Middle Name Last Name

Case number (if known) 25-50122-KMS

7. Are the income amounts on lines 6a and 6e different? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Explain why they are different and complete line 10. _____ 8. Are the expense amounts on lines 6b and 6f different? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Explain why they are different and complete line 10. _____ 9. Is the net monthly income in line 6h less than 0? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. A presumption of hardship arises (unless the creditor is a credit union). Explain how the debtor will make monthly payments on the reaffirmed debt and pay other living expenses. Complete line 10. 10. Debtor's certification about lines 7-9 If any answer on lines 7-9 is Yes, the debtor must sign here. _____ If all the answers on lines 7-9 are No, go to line 11. _____ 11. Did an attorney represent the debtor in negotiating the reaffirmation agreement? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Has the attorney executed a declaration or an affidavit to support the reaffirmation agreement? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
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Part 2: Sign Here

Whoever fills out this form must sign here. I certify that the attached agreement is a true and correct copy of the reaffirmation agreement between the parties identified on this *Cover Sheet for Reaffirmation Agreement*.


 Signature

Date 02/10/2025
 MM / DD / YYYY

MALINDA ALLDAY

Printed Name

Check one:

Debtor or Debtor's Attorney
 Creditor or Creditor's Attorney